

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 10153627

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5						
6						
7						
8			1			
9						
10						
11			1			
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20			1			
21			1			
22			1			
23			1			
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42			1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.	←	43	←	←	←	←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.	←	43	←	←	←	←
TOTAL CLAIMS	45					